Australasian College of Tropical Medicine (ACTM)
Membership Application / Upgrade Form
Including: the Faculty of Travel Medicine (FTM) and the Faculty of Expedition and Wilderness Medicine (FEWM)

For New ACTM applications, please complete Sections A to D and Sections F to H. If you wish to join FTM and/or FEWM, please also complete Section E.

For Current ACTM Members wishing to join FTM and/or FEWM, please complete Sections A, C, E, F and G.

For Current ACTM Members upgrading their membership category and/or updating details, please follow below instructions:
1. Complete Sections A and B with updated details including personal details and academic qualifications since initial application
2. Complete Section D with your new membership category and Sections G and H.
3. Attached an updated Curriculum Vitae and details of significant contribution to tropical medicine (such as clinical experience, research, published articles)

SECTION A
Personal details

Title: ☐ Dr ☐ Prof ☐ Assoc Prof ☐ Mr ☐ Mrs ☐ Ms ☐ Other
Surname:
Preferred name:
Institution / Employer:
Work address:
City: Country:
State: Postcode:
Home address:
City: Country:
State: Postcode
Email:
Work Phone:
Fax number:
Preferred mailing address: ☐ Work ☐ Home

SECTION B
Academic Background

Academic Qualifications:

Professional Qualifications:

Previous Experience in Tropical Medicine:
### SECTION C

**Proposer / Referee**

At least one of the Proposer or Seconder must be a Fellow of the College/Faculty, otherwise please supply the names, address and telephone / fax numbers of two professional referees.

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full name of Proposer:</td>
<td>(Block letters please)</td>
</tr>
<tr>
<td>Signature of Proposer:</td>
<td>Date:</td>
</tr>
<tr>
<td>Full name of Seconder:</td>
<td>(Block letters please)</td>
</tr>
<tr>
<td>Signature of Seconder:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

### SECTION D

**ACTM Membership Category (rates include FTM and FEWM membership if desired)**

The College has a range of membership options to suit professionals, students, organisations and companies, and other interested individuals. Please tick below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Requirements</th>
<th>Overseas (ex GST)</th>
<th>Australia (inc GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliate/Student</td>
<td>Persons interested in tropical medicine.</td>
<td>$60.00</td>
<td>$66.00</td>
</tr>
<tr>
<td></td>
<td>Full-time students undertaking a course of study in tropical medicine or a related field at a recognised university or institute.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Associate</td>
<td>Approved postgraduate academic qualifications in tropical medicine or an approved fellowship or membership in a related professional college or institute; OR</td>
<td>$160.00</td>
<td>$176.00</td>
</tr>
<tr>
<td></td>
<td>Approved first degree or approved certificate, associate diploma, diploma, or professional registration and working, or have worked, a minimum one year full-time or the equivalent part-time in tropical medicine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member/Associate Fellow</td>
<td>Approved postgraduate academic qualification in tropical medicine or an approved membership in a related professional college or institute and working, or have worked, a minimum of two years full-time or the equivalent part-time in tropical medicine; OR</td>
<td>$160.00</td>
<td>$176.00</td>
</tr>
<tr>
<td></td>
<td>Approved first degree and working, or have worked, a minimum two years full-time or the equivalent part-time in tropical medicine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fellow</td>
<td>Approved postgraduate academic qualification in tropical medicine or an approved fellowship in a related professional college or institute; AND</td>
<td>$200.00</td>
<td>$220.00</td>
</tr>
<tr>
<td></td>
<td>Working, or have worked, a minimum of three years full-time or the equivalent part-time in tropical medicine; AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Made a significant contribution to tropical medicine.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retired</td>
<td>Persons who have ceased full-time employment.</td>
<td>$60.00</td>
<td>$66.00</td>
</tr>
<tr>
<td>Subsidised</td>
<td>Persons who live and work in a developing nation.</td>
<td>$120.00</td>
<td>$130.00</td>
</tr>
</tbody>
</table>

**Total**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
SECTION E

Faculty Memberships

ACTM members are eligible to apply for membership of the following faculties (at no additional fee):

I would like to join the Faculty of Travel Medicine*  □ Yes

Please refer to Appendix A for further details and select the appropriate category below:

□ Fellow of the Faculty
□ Associate Fellow of the Faculty
□ Member of the Faculty
□ Associate of the Faculty

I would like to join the Faculty of Expedition and Wilderness Medicine*  □ Yes

Please refer to Appendix B for further details and select the appropriate category below:

□ Fellow of the Faculty
□ Associate Fellow of the Faculty
□ Member of the Faculty
□ Associate of the Faculty

SECTION F

Supporting documentation

I have attached the following supporting documentation:

□ Full Curriculum Vitae and recent Passport-sized photograph
□ List of publications, presentation and technical contributions (letter may also include a teaching profile)
□ Certified copies of degree / professional membership certificate(s)
□ References from referees unless appropriately nominated and seconded
□ Other supporting documents.

I would like to receive ACTM Newsletters, health information, college notices including events/workshop notices and updates from ACTM via email or via emailed links to the ACTM website  □ Yes  □ No

SECTION G

Declaration

Please note the Constitution and Code of Ethics on the College is available on the website: (www.tropmed.org/newactmconstitutionframe.htm)

I acknowledge, agree and declare that:

• I will uphold the Constitution and By-Laws of the College and its Faculties, adhere to the Code of Ethics of the College, and promote and respect the best interest of the College, its Faculties and its members;
• My contact and all other details as advised are current, true and correct;
• I consent to ACTM collecting, storing and using my personal information for the purpose of administering my membership and providing services to me as well as (unless I have opted out by advising ACTM membership department) sending me advertising information by itself or its related bodies corporate. I understand and acknowledge that ACTM may, from time to time, disclose a limited subset of my personal information to its member benefits for the purposes of providing me with information about member services.

Signature:  
Date:  

SECTION H

ACTM Membership Category

(rates include FTM and FEWM membership if desired)

□ Cheque Enclosed (in Australian Dollars)  □ Money Order Enclosed (in Australian Dollars)

□ Credit Card  □ Visa  □ Mastercard

[Space for credit card details]

Expiry Date:

[Space for credit card details]

Cardholders name:

Signature:  
Date:

Please post or email this application form to:

ACTM Business Support Services
The Australasian College of Tropical Medicine
PO Box 123 Red Hill Qld 4059 Australia
Tel:  +61 7 3872 2246 or
Fax:  +61 7 3856 4747
Email: actm@tropmed.org

ABN: 64 246 412 194